

<i>SERFF Tracking Number:</i>	<i>FRCS-127356915</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Hartford Life and Annuity Insurance Company</i>	<i>State Tracking Number:</i>	<i>49630</i>
<i>Company Tracking Number:</i>	<i>5588</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Total Expected Premium Endorsement</i>		
<i>Project Name/Number:</i>	<i>HARTFORD/63/63</i>		

## Filing at a Glance

Company: Hartford Life and Annuity Insurance Company

Product Name: Total Expected Premium      SERFF Tr Num: FRCS-127356915      State: Arkansas

Endorsement

TOI: A03I Individual Annuities - Deferred      SERFF Status: Closed-Approved-      State Tr Num: 49630  
Variable      Closed

Sub-TOI: A03I.002 Flexible Premium      Co Tr Num: 5588

Filing Type: Form

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Exselsa Cartwright

Disposition Date: 08/30/2011

Date Submitted: 08/24/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: HARTFORD/63

Project Number: 63

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted on or about this same date.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 08/30/2011

State Status Changed: 08/30/2011

Deemer Date:

Created By: Exselsa Cartwright

Submitted By: Kevin Wiggs

Corresponding Filing Tracking Number:

Filing Description:

We have been retained by Hartford Life and Annuity Insurance Company to file the enclosed captioned Individual Annuity policy forms for approval in your State.

We enclose the following for your consideration:

- Third party authorization
- Certification of compliance
- Statement of Variables

*SERFF Tracking Number:*      *FRCS-127356915*      *State:*      *Arkansas*  
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*Company Tracking Number:*      *5588*  
*TOI:*      *A03I Individual Annuities - Deferred Variable*      *Sub-TOI:*      *A03I.002 Flexible Premium*  
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*Project Name/Number:*      *HARTFORD/63/63*

Our fee of \$50 has been submitted via EFT.

This form is new and does not replace any previously approved form.

This form will be used with the Company's previously approved Individual Variable Annuity Contract LA-VA03 approved by your state on 01/21/2003.

Please note that except for the form number and Company reference, this endorsement is identical to a form that we are submitting concurrently via a separate filing on behalf of the Hartford Life Insurance Company. We suggest that you review the two submissions together.

This form offers a non-binding commitment to invest a certain amount of Deposits within a specified period from the issue date of the contract in exchange for the assignment of a lower Contingent Deferred Sales Charge and a lower Premium Based Charge. If the owner does not make the Deposits as promised, the Company will reassign these charges based on your actual Deposits.

The endorsement will only be available for new issues. It will not be offered to existing contract holders.

The bracketed items are variable and may be modified on a non-discriminatory basis. We have enclosed a Statement of Variables which describes the bracketing parameters.

Since these forms will be used with SEC registered product(s), the Company believes the forms are exempt from the language simplification requirements of your state.

Unless otherwise informed, the Company reserves the right to alter the layout, format, color and typeface of these forms.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

## **Company and Contact**

### **Filing Contact Information**

Exselsa Cartwright, Senior Compliance

[exselsa.cartwright@firstconsulting.com](mailto:exselsa.cartwright@firstconsulting.com)

SERFF Tracking Number: FRCS-127356915 State: Arkansas  
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**Specialist**

1020 Central 800-927-2730 [Phone] 2757 [Ext]  
Suite 201 816-391-2755 [FAX]  
Kansas City, MO 64105

**Filing Company Information**

(This filing was made by a third party - FC01)

Hartford Life and Annuity Insurance Company CoCode: 71153 State of Domicile: Connecticut  
200 Hopmeadow Street Group Code: 91 Company Type:  
Simsbury, CT 06089 Group Name: Hartford Life Group State ID Number:  
(414) 977-1503 ext. [Phone] FEIN Number: 39-1052598

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**Filing Fees**

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50.00 per form  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life and Annuity Insurance Company	\$50.00	08/24/2011	50926841

*SERFF Tracking Number:*      *FRCS-127356915*                      *State:*                      *Arkansas*  
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	08/30/2011	08/30/2011

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<i>Project Name/Number:</i>	<i>HARTFORD/63/63</i>		

## Disposition

Disposition Date: 08/30/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-127356915 State: Arkansas

Filing Company: Hartford Life and Annuity Insurance Company State Tracking Number: 49630

Company Tracking Number: 5588

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Total Expected Premium Endorsement

Project Name/Number: HARTFORD/63/63

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Third Party Authorization		Yes
Supporting Document	Certification of Compliance		Yes
Supporting Document	Statement of Variables		Yes
Form	Total Expected Premium Endorsement		Yes

SERFF Tracking Number: FRCS-127356915 State: Arkansas

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TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Total Expected Premium Endorsement

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## Form Schedule

### Lead Form Number: LA-TEP-11

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LA-TEP-11	Policy/Cont Total Expected ract/Fratern Premium al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	LA-TEP-11 Total Exp Prem Endorsement. pdf



Hartford Life and Annuity Insurance Company  
200 Hopmeadow Street  
Simsbury, CT 06089

### Total Expected Premium Endorsement

This endorsement is issued as part of the contract to which it is attached. This endorsement is effective on the date it is issued to you. Except where this rider provides otherwise, it is subject to all of the conditions and limitations of the Contract.

**Total Expected Premium:** This is a non-binding commitment to invest a certain amount of Deposits within a specified period from the date you purchase your Contract in exchange for the assignment of a lower Contingent Deferred Sales Charge and a lower Premium Based Charge. If you do not make the Deposits as promised, we will reassign these charges based on your actual Deposits.

- If You elect to use the Total Expected Premium feature, We will assume that additional Deposit(s) will be received by Us within [90] days of the Contract Issue Date so that such additional Deposit(s) plus the initial Deposit will equal or exceed the Total Expected Premium. As a result, We will assign a lower Contingent Deferred Sales Charge and a lower Premium Based Charge to Your initial Deposit and any subsequent Deposits We receive within [90] days of the Contract Issue Date.
- If You do not to make cumulative Deposits within [90] days of the Contract Issue Date that are equal to or in excess of the Total Expected Premium, We will reassign the Contingent Deferred Sales Charge and Premium Based Charge associated with each Deposit received within [90] days of the Contract Issue Date to be in accordance with the actual amount of Your Deposit(s).

Signed for **Hartford Life and Annuity Insurance Company**

[

David N. Levenson, *President*

Terence Shields, *Corporate Secretary*

]



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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> Exempt per SEC requirements.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Not applicable to this endorsement filing.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo		
<b>Bypass Reason:</b> Not applicable to this endorsement filing.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Third Party Authorization		
<b>Comments:</b>		
<b>Attachment:</b> Authorization Signed_LA.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Certification of Compliance		
<b>Comments:</b>		
<b>Attachment:</b> AR COC.pdf		

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**Item Status:**                      **Status**  
**Date:**

**Satisfied - Item:**              Statement of Variables

**Comments:**

**Attachment:**

LA-TEP-11 SOV.pdf

August 22, 2011

To: The Insurance Commissioner

**Authorization**

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

**Hartford Life and Annuity Insurance Company**

By:   
\_\_\_\_\_

Title: Assistant Vice President



**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

**Company Name:** Hartford Life and Annuity Insurance Company

**Form Title(s):** Total Expected Premium Endorsement

**Form Number(s):** LA-TEP-11

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.

A handwritten signature in black ink, appearing to read "Michael McCauley", is written over a horizontal line.

\_\_\_\_\_  
Michael McCauley  
Assistant Vice President

\_\_\_\_\_  
August 22, 2011  
Date

**STATEMENT OF VARIABLES**

**Hartford Life and Annuity Insurance Company  
Total Expected Premium Endorsement  
Form Number: LA-TEP-11  
July 27, 2011**

The bracketed items are variable and may be modified on a non-discriminatory basis. The following information describes the usage and possible future modifications to the bracketed variable material of the captioned individual variable annuity rider.

<b>PAGE NUMBER</b>	<b>VARIABLE ITEM</b>	<b>DESCRIPTION</b>
<b>Page 1</b>	<b>[90]</b>	This is the number of days that are associated with our receipt of the Total Expected Premium. When this rider is initially offered, the number of days will be 90. Our Company may decide in the future to change the number of days prospectively between 5 and 365 days.
<b>Page 1</b>	<b>SIGNATURES</b>	The signatures and titles are those in effect and over time may change. The signatures and titles will be of those officers applicable at the time the Rider is issued.